

Rec'd CT/PTO 29 JUN 2005

PCT/IB03/06205 .29062005

FAX TRANSMISSION**DATE:** June 29, 2005**PTO IDENTIFIER:** Application Number Not Yet Assigned
Patent Number**Inventor:** Ernest LOUMAYE**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (709) 305-3230**FROM:** LAHIVE & COCKFIELD, LLP
Giulio A. DeConti, Jr., Esq.**PHONE:** (617) 227-7400**Attorney Dkt. #:** KZI-001US**PAGES (Including Cover Sheet):** 4**CONTENTS:** Transmittal Form (1 page)
Executed Power of Attorney (1 page)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP
28 State Street, Boston, Massachusetts 02109
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

PCT/IB03/06205 29062005

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

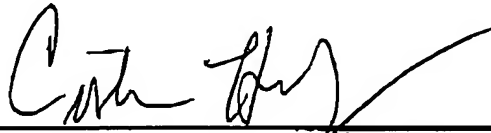
Application No. (if known): Not Yet Assigned

Attorney Docket No.: KZI-001US

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on June 29, 2005
Date



Signature

Cristin E. Howley, Ph.D.

Typed or printed name of person signing Certificate

55,281

Registration Number, if applicable

(617) 227-7400

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal Form (1 page)

Executed Power of Attorney (1 page)

PCT/IB03/06205.29062005

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

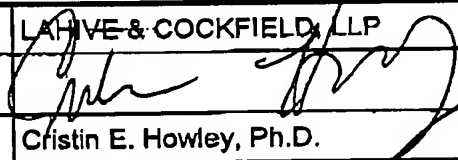
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	U.S. 371 of PCT/IB03/006205
	Filing Date	June 21, 2005
	First Named Inventor	Ernest LOUMAYE
	Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	Attorney Docket Number	KZI-001US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Executed Power of Attorney Fax Cover Sheet Certificate of Fax Transmission
<div style="border: 1px solid black; padding: 2px; min-height: 40px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Cristin E. Howley, Ph.D.		
Date	June 29, 2005	Reg. No.	55,281

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 305-3230 at MS PCT, Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480, on the date shown below.

Dated: June 29, 2005

Signature: 

(Cristin E. Howley, Ph.D.)